

Clarendon Care Group Limited

# Redwood House Residential Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Redwood House is a residential care home, providing personal care to 21 people aged 65 and over at the time of the inspection.

### People's experience of using this service and what we found

Staff knew how to recognise potential abuse and who they should report any concerns to. People had access to equipment that reduced the risk of harm. There were sufficient staff on duty to meet people's needs. Staff supported people to get their medication.

People had a choice of food and were supported to maintain a healthy diet in line with their needs and preferences. Staff were trained to meet people's needs and acted promptly to refer people to healthcare professionals when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People enjoyed positive and caring relationships with the staff team and were treated with kindness and respect. People's independence was promoted as staff were careful not to do things for people they could do for themselves.

People were supported by staff who knew about their needs and routines and ensured these were met and respected. People and relatives knew how to complain and were confident that their concerns would be listened to.

People and staff were happy with the way the service was led and managed and the provider worked well with partners to ensure people's needs were met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last Inspection

The last rating for this service was good (published 2 December 2017).

### Why we inspected:

This was a planned inspection based on the previous rating.

### Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Redwood House Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

One inspector and an expert by experience with their area of expertise of older people's care completed the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Redwood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did

Prior to the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and serious injuries. We sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the

service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with six people and four relatives to ask about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two district nurses, one specialist nurse and one dentist who were visiting the home at the time of the inspection.

We spoke with four members of care staff, the deputy manager, the registered manager and the providers representative. We reviewed a range of records. This included two people's care records and multiple medication records. Various records were reviewed, in relation to training and supervision of staff, the management of the home and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- People told us they were safe; their home was secure and were confident the staff supported them to remain safe. One person told us, "I feel safe with the company and knowing I am not on my own."
- Staff protected people from any potential abuse and told us any concerns would be recorded and reported to the registered manager for action, if needed.
- The provider's policies and procedures provided staff with guidance to keep people safe. The registered manager demonstrated they had acted upon concerns raised by notifying the local authority.

Assessing risk, safety monitoring and management:

- People were encouraged and supported to take positive risks to support their well-being and independence. Where needed, staff supported people to maintain their safety in managing those risks.
- People's identified risk had been recorded and documented for example associated risks with any physical needs.
- Staff we spoke with knew the type and level of assistance each person required to maintain their safety.

Staffing and recruitment:

- There was a low staff turnover and people were supported by enough staff to meet their physical and social needs. One person told us, "I hardly ever need to call them but when I do, they come quickly".
- Staff told us before working at the home, checks were made to ensure they were suitable to work with vulnerable adults.
- Staff recruitment records included a recent photograph, proof of identification checks, and their legal right to work in the UK.

Using medicines safely:

- Medicines systems were organised, and people received their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection:

- People we spoke with told us the home environment was clean and their rooms were kept clean.
- People's laundry was collected and washed within a separate laundry area.
- Staff who prepared food were seen to observe good food hygiene and staff ensured the home's overall cleanliness was of a good standard to help reduce the risk of infection. Staff were seen to use personal protective items such as gloves and aprons.

Learning lessons when things go wrong:

- Staff completed reports where a person had been involved in an incident or accident and reported to the management team.
- The registered manager identified how or why the incident may have occurred and whether a referral to other health professionals was needed. The registered manager told us they took learning from any untoward incidents, and records showed where people's risk had been updated in their care plans.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People had shared their needs and choices with the management team before moving to the home. The management team checked people's preferences and the care they required, to assure themselves they could provide the care needed.
- Staff said the information contained within people's assessments supported them to provide care to people based on their preferences at the time.

Staff support: induction, training, skills and experience:

- People were supported by staff who understood their needs and how they liked their care to be provided.
- Training courses for staff had been completed and staff used reflective groups to further understand people's health conditions better.
- Staff told us they were supported in their role with structured, routine staff meetings and individual discussions. The registered manager gave staff opportunities to talk about their responsibilities and the care of people living in the home.

Supporting people to eat and drink enough to maintain a balanced diet:

- People's mealtimes were not rushed, and staff sat with people to offer support when people required assistance.
- People were supported to access food and drinks in line with their needs and choices. One relative told us, "[Person] is a very poor eater but the staff try really hard to get them to eat."

Staff working with other agencies to provide consistent, effective, timely care:

- The registered manager was open in their communication with other agencies such as the local authority.
- There was a consistent staff team and a regular handover meeting so relevant and important information could be shared amongst staff.

Adapting service, design, decoration to meet people's needs:

- There were several communal areas to choose from including quiet areas.
- People chose how they spent their time at the home within communal areas which were easily accessible.

Supporting people to live healthier lives, access healthcare services and support:

- People had seen opticians, dentists, chiropodists and other professionals had been involved to support people with their care needs. People who required spectacles and other aids had these in place.



- Care plans showed care was provided in line with current guidance and advice that had been given by community health professionals and GP's was followed. One person told us, "If I feel unwell the Dr comes quickly or the Carers will give me painkillers."

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people were unable to make decisions for themselves, mental capacity assessments had been completed and where necessary, decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests.
- DoLS applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty.

## Is the service caring?

### Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People told us about living at the home and said the staff were kind, caring and attentive to them. People had made friends at the home and one person told us, "They [staff] are all so good."
- People told us the care provided was individual to them. One relative told us, "I think it's the care that is so good and caring."
- People were relaxed around staff who supported them and people happily asked for any assistance they wanted.

Supporting people to express their views and be involved in making decisions about their care:

- People told us the staff involved them with the care they wanted daily, such as how much assistance they may require.
- People's preferences and routines were known and supported. For example, their preferred daily routines were flexibly supported, and their choices listened to by staff. One person told us, "They [staff] always ask first if I would like a hand."

Respecting and promoting people's privacy, dignity and independence:

- People received care and support from staff who respected their privacy and people felt the level of privacy was good. One relative told us, "[Person] is always happy, and the staff show them respect and dignity."
- People told us their independence was respected and encouraged during their time at the home, which was important to them.
- When staff were speaking with people they respected people's personal conversations. Staff spoke considerately about people when they were talking and having discussions with us about any care needs.
- People's confidential information was securely stored, to promote their privacy.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's preferences about their care needs had been detailed in their plans of care.
- The wishes of people, their personal history and the views of relatives had been recorded.
- Staff told us they recorded and reported any changes in people's needs to management who listened and then followed up any concerns immediately.
- Staff gave us examples of things people enjoyed doing, such as spending time playing games or reading.
- People enjoyed a variety of daily activities, such as quizzes and crafts. Visiting entertainers came in, and people celebrated a variety of notable days and told us how much they enjoyed these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw evidence the identified information and communication needs were met for individuals. For example, information was provided to people in a format they could understand, such as pictorial format or offering a visual choice.

Improving care quality in response to complaints or concerns:

- People we spoke with said they would talk to any of the staff if they had any concerns and were confident they would be resolved.
- People and their relatives told us the staff and the registered manager dealt with any issues as they arose.
- A formal complaints process was available as a process to record, investigate and responded to complaints. Any suitable adjustments to care or to improve the service provided could then be implemented.

End of life care and support:

- An end of life care plan was completed which recorded the wishes of the person in the event of their death in detail.
- The staff and the registered manager demonstrated a compassionate approach to providing people with end of life care and meeting people's wishes.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness;

- People said they knew the management team and they had a good relationship with the registered manager.
- The management team completed a range of quality audits on a regular basis and we saw actions were identified and addressed to bring about improvements.
- Staff we spoke with said the management team were approachable and supportive. One member of staff said, "We work as a team and everyone helps out."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were open and honest and understood their responsibility to meet the duty of candour. When improvements were needed these were investigated and shared with people and their families, and staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and their relatives were happy with the caring support provided.
- The service was led by a supportive management team. Staff were clear about their responsibilities and the leadership structure.
- The management team were clear about their responsibilities for reporting to the Care Quality Commission [CQC] and the regulatory requirements. Risks were clearly identified and escalated where necessary.
- Staff were confident they could speak to the management team if they wanted to escalate concerns.
- The registered manager constantly reviewed their practice to ensure they were up to date and followed best practice guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People all told us they knew the registered manager and they said she was flexible and adaptable and listened to their views.
- The provider used different systems to seek feedback to ensure people's voice was heard. People were encouraged to contribute their views through regular questionnaires and meetings which were shared and acted on.

#### Continuous learning and improving care

- The registered manager was passionate about improving people's experience of care and their well-being.
- The management team regularly audited all aspects of their care delivery to constantly keep the support provided under review.
- Accidents and incidents were reviewed, and learning was used to improve the quality of care provided.

#### Working in partnership with others

- The management team had established good links in the community to support them to provide quality care.
- Other professionals told us that staff and the management team had good relationships with them to support positive outcomes.